



Mississippi Association of Self Insurers  
 825 North President Street  
 Jackson, Mississippi 39202  
 P: (601) 749-6274  
 E: [wendyp@masiweb.org](mailto:wendyp@masiweb.org)  
 W: masiweb.org  
 Tax ID # 64-0872222

## Membership Application

Organization Name			
Mailing Address and/or Physical Address  <i>(if different)</i>			
Type of Organization  <i>(Circle or highlight as many as appropriate)</i>	Self-Insured Group Self-Insured Employer <i>Number of employees: _____</i> Actuary Attorney/Law Firm Behavioral Healthcare Management and Employee Assistance Program Benefit Administration Bill Review and Case Management Consultant Medicare Secondary Compliance Services CPA/ CPA Firm Groups and Associations	Healthcare Provider and Special Purpose Physician Insurance Broker/Excess Carrier Investment Advisor/Bank Investigation/Intelligence Firms Pain Management Services Pharmacy, PBM and DME Provider PPO Network / Rehab Provider Network Rehabilitation Service Provider Telehealth Services Third Party Administrators Transportation and Translation Services Wellness Systems and Onsite Service Other: _____	
Contact Person (please print)		Title	
Phone (Office)		Fax	
Phone (Cell)		Email	
Website			

Please provide a brief synopsis of your organization and the services/products provided: